UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SEC Wail Processing Section

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

Washington, DC

JUL 15 2008

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

April 30, 2008

Estimated average burden

hours per response:

3235-0076

16.00

OMB Number:

Expires

Name of Offering (check if this is an amendment and										
Private Placement of Limited Partne	ership Interests									
Filing Under (Check box(es) that apply): Rule 5	04 □ Rule 505 ☑ Rule 506 □	Section 4(6) ULOE								
Type of Filing: ✓ New Filing ☐ Amendment										
	A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the issuer										
Name of Issuer (check if this is an amendment and	I name has changed, and indicate change.)									
DB Energy Select Fund (Internation	ial), L.P.	08058201								
Address of Executive Offices	(Number and Street, City, State Zip Code)	Telephone is a series of the s								
c/o Private Equity Energy Select GP, Ltd; P.O. Box 2510, Grand Cayman KY1-1104, Cayman Islands (345) 949-3344										
Address of Principal Business Operations	(Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)								
(if different from Executive Offices)	BBO O FOOT									
Brief Description of Business	PROCESSEE)'								
Investment Fund	uu a A									
	JUL 2 4 2008 🛭	k								
Type of Business Organization	THOMCONDENSE									
☐ corporation	☑ limited partnership, THOMSON REUTE	PS □ other (please specify):								
☐ business trust	☐ limited partnership, to be formed									
	Month Year									
Actual or Estimated Date of Incorporation or Organizat	on: 0 2 0 8	☑ Actual ☐ Estimated								
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation	for State:								
- -	CN for Canada; FN for other foreign jurisdiction	m) FN								

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA												
2. Enter the information requested for the following:												
• Each promoter of the issuer,												
·												
Each executive officer and di		• •		•								
	•	•	aic gc	ncial and managing pa	ii tiici	s or partiters	iiib isst	icis, and				
Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director ☑ General and/or												
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner												
Full Name (Last name first, if individual)												
Private Equity Energy Select GP, Ltd.												
Business or Residence Address (Number and Street, City, State, Zip Code)												
P.O. Box 2510, Grand Cayman KY1-1104, Cayman Islands												
Check Box(es) that Apply: □	Promoter	Beneficial Owner	☒	Executive Officer		Director		General and/or Managing Partner				
Full Name (Last name first, if individual	l)											
Bizzozero, Marco												
Business or Residence Address (Num	ber and Street, Cit	ty, State, Zip Code)										
Bahnhofquai 9/11, 14th Floo	r, Zurich, 80	23, Switzerland										
Check Box(es) that Apply: □	Promoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner				
Full Name (Last name first, if individual	1)											
Sellers, Colleen		****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Business or Residence Address (Num	ber and Street, Cit	ty, State, Zip Code)										
280 Park Avenue, New York	, New York	10017										
Check Box(es) that Apply: □	Promoter	Beneficial Owner	◩	Executive Officer		Director		General and/or Managing Partner				
Full Name (Last name first, if individual	1)											
Kiley, Charles												
•		ty, State, Zip Code)										
280 Park Avenue, New York								<u>.</u>				
Check Box(es) that Apply: □	Promoter	Beneficial Owner		Executive Officer	☑	Director		General and/or Managing Partner				
Full Name (Last name first, if individual	1)											
Khan, Aquil								·				
		ty, State, Zip Code)										
Bahnhofquai 9/11, 14th Floo	r, Zurich, 80	23, Switzerland										
Check Box(es) that Apply:	Promoter	Beneficial Owner	0	Executive Officer	☑	Director		General and/or Managing Partner				
Full Name (Last name first, if individual	l)											
Munoz-Lucas, Carlos												
_		ty, State, Zip Code)										
1 South Street, 23 rd Floor, B												
Check Box(es) that Apply: □	Promoter 🗅	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner				
Full Name (Last name first, if individual	l)					· · · · · · · · · · · · · · · · · · ·						
Pfister, Peter F.												
Business or Residence Address (Num	ber and Street, Cit	ty, State, Zip Code)										
Bahnhofquai 9/11, 14 th Floo	r, Zurich, 80	23, Switzerland										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner				
Full Name (Last name first, if individual	l)											
Plimpton, David												
Business or Residence Address (Number and Street, City, State, Zip Code)												
1 South Street, 23 rd Floor, B												
	(Use blank she	et, or copy and use add	litiona	al copies of this sheet,	as ne	cessary.)						

2. Enter the information requ	ested for the followi	ng:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;												
Each beneficial owner												
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and												
Each general and managing partner of partnership issuers.												
Check Box(es) that Apply:	□ Promoter		Beneficial Owner	Ø	Executive Officer	0	Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)											
Sturdevant, Wes												
Business or Residence Address	(Number and Stre	et, Ci	ty, State, Zip Code)									
280 Park Avenue, New	York, New Yo	ork	10017									
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)											
Wang, Pying-Huan C.												
Business or Residence Address	•	-	ty, State, Zip Code)									
Bahnhofquai 9/11, 14 ^{tt}	' Floor, Zurich	, 80	23, Switzerland									
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	☑	Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)											
Wein, Nikolaus												
Business or Residence Address			ty, State, Zip Code)									
Bahnhofquai 9/11, 14 th			•		Possession Officer	_	Disease		General and/or			
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		Managing Partner			
Full Name (Last name first, if in	dividual)		•									
Kemka, J. Randall												
Business or Residence Address	(Number and Stre	et, Ci	ty, State, Zip Code)									
280 Park Avenue, New	York, New Yo	or <u>k</u>	10017									
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer	0	Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)											
Lee, Susan												
Business or Residence Address	(Number and Stre	et, Ci	ty, State, Zip Code)									
280 Park Avenue, New	/ York, New Yo	ork	10017									
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)											
O'Grady, Joanie												
Business or Residence Address			ty, State, Zip Code)									
280 Park Avenue, New												
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer	D	Director		General and/or Managing Partner			
Full Name (Last name first, if in	dividual)											
Rusconi, Federico	-											
Business or Residence Address	(Number and Stre	et, Ci	ty, State, Zip Code)									
23 Austin Friars, Lond									·			
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer	0	Director	0	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)											
Shkarupina, Elena												
Business or Residence Address	(Number and Stre	et, Ci	ty, State, Zip Code)	_								
Places des Bergues 3,												
	(Use blai	nk she	et, or copy and use add	dition	al copies of this sheet,	as nec	cessary.)					

A. BASIC IDENTIFICATION DATA

				B. INF	ORMAT	ION ABO	OUT OFFE	RING				
											Yes	No No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Ø		
Answer also in Appendix, Column 2, if filing under ULOE.												
 What is the minimum investment that will be accepted from any individual? * At discretion of the Issuer lesser amounts may be accepted for investment. 										\$ 250	0,000*	
											Yes	No
3. Does the offering permit joint ownership of a single unit?											Ø	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	e (Last name	first, if indi	vidual)									
				<u> </u>	<u> </u>	<u> </u>						
Business	or Residence	: Address (N	lumber and	Street, City	, State, Zip	Code)						
	Street, N			k 10005								
Name of A	Associated E	Broker or De	aler									
Deutsch	ne Bank S	Securities	Inc.									
	Which Perso										E71 A	II States
•				•			(DE)		[FL]	[GA]	 [HI]	(ID)
(AL) (IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[M]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	e (Last name			[]	[J	L 1			<u> </u>			
	·		•									
Business	or Residence	e Address (N	lumber and	Street, City	, State, Zip	Code)						
000 D	d. A	Naw Va	ale Nave V	/a=lc 400	47							
	k Avenue Associated E			TOTK 100	17				·			
	he Bank 1 Which Perso				a Calinit Du							
	'All States"						,				🗆 А	II States
` [AL]	[AK]	[AZ]	[AR]	✓ [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	✓ [GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	✓ [MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	✓ [NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	✓ [PA]
✓ [RI]	[SC]	✓ [SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residence	e Address (N	lumber and	Street, City	, State, Zip	Code)						
Name of	Associated E	Broker or De	aler									
	Which Perso											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

: +

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	s _	0	S	0
	Equity	s	0	\$	0
	□ Common □ Preferred	_			
	Convertible Securities (including warrants)	s _	0	\$	0
	Partnership Interests	s _	600,000,000	\$	5,200,000
	Other (Specify <u>t</u>)	s _	0	\$	0
	Total	s _	600,000,000	\$	5,200,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	12	\$	5,200,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	S	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of Security		Dollar Amount
	Type of Offering		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Sold
	Rule 505	_	N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
Si ir	a. Furnish a statement of all expenses in connection with the issuance and distribution of the ceurities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The offermation may be given as subject to future contingencies. If the amount of an expenditure is not nown, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		0	\$	
	Printing and Engraving Costs		Ø	\$	170,838
	Legal Fees		☑	\$	241,067
	Accounting Fees			\$	
	Engineering Fees		۵	\$	
	Sales Commissions (specify finders' fees separately)			S	
	Other Expenses (identify) Miscellaneous		Ø	\$	66,518
			Ø	S	478,423*

^{*} This amount represents the total expenses to be allocated on a pro-rata basis between DB Energy Select Fund (U.S), L.P. and DBEnergy Select Fund (International), L.P.

	C. OFFERING PRICE,	NUMBER OF INVESTOR	S, EXPENS	ES ANI	USE OF P	ROCE	EDS	(1) (1) Alexander (1) and alexander
	b. Enter the difference between the aggregate 1 and total expenses furnished in response to Pegross proceeds to the issuer."	art C - Question 4.a. This difference	e is the "adjuste	:d		S	ŧ	599,521,577
5.	Indicate below the amount of the adjusted gros for each of the purposes shown. If the amoun and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth in	it for any purpose is not known, fur . The total of the payments listed	mish an estimat d must equal th	te			,	
				Off	Payments to icers, Directors, & Affiliates			Payments To Others
	Salaries and Fees		0	s		_ 🗵	s _	390,000
	Purchase of real estate			s			s _	
	Purchase, rental or leasing and installation of m	achinery and equipment		s			\$_	
	Construction or leasing of plant buildings and fa	acilities		\$		٥	\$	
	Acquisition of other businesses (including the offering that may be used in exchange for the	e assets or securities of another is	ssuer			_	_	
	pursuant to a merger)			\$			s _	
	Repayment of indebtedness			\$			s _	
	Working capital			s			\$_	
	Other (specify): Investments in privat	o equity fullus		\$		_ 🗹	s	599,131,577
	Column Totals			s		<u> </u>	\$_	599,521,577
	Total Payments Listed (column totals added)			Ø	s	599,5	21,5	77
. , ,		D. FEDERAL SIG	NATURE	F.	electricity (CP)	grip.		\[\frac{1}{2}\]
CO	ne issuer has duly caused this notice to be signe- institutes an undertaking by the issuer to furnish the issuer to any non-accredited investor pursuar	to the U.S. Securities and Exchange	ed person. If the Commission,	nis notice upon writt	is filed under R en request of its	ule 505, s staff, th	the fo	ollowing signature rmation furnished
Issu	er (Print or Type)	Signature		Dat	e			
· ·	Energy Select Fund ernational), L.P.	Title of Signer (Print or Type) /		10	July July	ra	૦૪	
	Se of Signer (Print or Type)	Title of Signer (Print or Type) // SOUTH ELW MANAGE Authorized Signatory of Partnerof DB Energy Se	G BMBM of Private E	S <i>O</i> quity E	. <i>いたと</i> S <i>L</i> nergy Sele	パ) ct GP,		
							_	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

*This number represents the management fee, which is an amount equal to 1.5% of total capital commitments per year for the first five years of the Fund. Thereafter, the management fee will be equal to 1.5% of unreturned capital, if any.